

Mr. Ajit Pai  
Chairman  
Federal Communications Commission  
445 12th St. S.W.  
Washington, D.C. 20554

Re: (WC Docket. No. 18-213) Comment on the Promotion of Telehealth for Low-Income Consumers

Dear Chairman Pai,

Michigan Medicine applauds the Federal Communications Commission (“FCC”)’s initiative to increase access to telehealth services for low-income patients by increasing broadband access. The Connected Care Pilot Program would not only provide the necessary tools so that patients can connect to care, but it also acknowledges the growing importance of using innovative care delivery models so to better enable healthcare providers to better serve their communities. We commend the FCC’s support of direct-to-consumer telehealth initiatives to ensure that the benefits of telehealth can be realized by all patients, no matter the geographic or socioeconomic limitations. We believe that by opening broadband access, we can better employ telehealth to substantially impact access to care for many patients in Michigan.

Michigan is a state with unique challenges, both in our geography and demographic makeup. We are two peninsulas, connected by a single bridge. In the summer months, the challenge of getting around is limited by financial and physical resources. In the winter months, our snowy climate can further isolate certain regions of our state. We are also a state with many individuals who are financially constrained when it comes to traveling for healthcare. Nearly a quarter of children in our state live under the poverty threshold. Furthermore, while local transit systems are available in some counties in Michigan, we lack regional and mass transit systems that would allow for better mobility across our expansive state. Census surveys showing that 25% of households in Detroit do not have a car. Moreover, for those that do have access to a vehicle, the Reason Foundation’s Annual Highway Report has ranked Michigan 32nd out of 50 states in the condition of our state highway systems. The geographic and demographic challenges make Michigan a state that would greatly benefit from increased broadband access and in turn, increased telehealth adoption. A Community Health Needs Assessment (CHNA) completed by Michigan Medicine, St. Joseph Mercy of Ann Arbor, and St. Joseph Mercy of Chelsea in 2016 collectively identified improving access to care as a priority area for improvement—the Connected Care Pilot Program could provide resources to enable these health providers, as well as countless others, to achieve this goal.

Michigan Medicine is particularly excited about how telehealth has the potential to reach patients who have limited or no access to specialty care. At present there are many parts of rural Michigan with extremely limited access to specialty care. For example, in the Upper Peninsula of Michigan there are many subspecialties with no representation. Patients who are physically and financially able to travel to our campus can get care but for those patients who are not able to travel, their

health suffers. By increasing broadband access to geographically isolated communities we could better reach these patients who cannot physically or financially come to our medical campus.

Rural patients are not the only patients with access challenges who would benefit from this pilot. Urban patients also face challenges in accessing care thus leading to the exacerbation of chronic diseases and other health conditions. Michigan Medicine is delighted by the opportunity telehealth affords to better address chronic disease management. From July 2017 to July 2018, about 50% of Michigan Medicine patients missed follow-up visits to primary care/specialty care within 14 days of discharge. Of these patients, those at risk for readmission (based on the LACE index, which uses high Length of Stay, Acuity, Comorbidities, and Emergency Department visits in last six months to predict readmission) face challenges in returning for follow-ups with travel and costs associated with travel. With limited options for public transportation, many patients, even local patients, face difficulties in getting to their primary or specialty care provider sites, even for short appointments. Free/low-cost broadband access could enable these patients to better access their care. Telehealth services can alleviate this patient burden by helping patients adhere to care plans and attend to follow-up appointments appropriately. By opening access to patients we can forestall the costly exacerbation of conditions by identifying and managing issues proactively. As a result of increased broadband and telehealth access, we would be better situated to treat patients both more effectively and at a lower cost.

According to the Michigan Broadband Roadmap, a report from the Michigan Infrastructure Commission, Michigan ranks 30<sup>th</sup> for broadband availability. Over 350,000 Michigan households do not have access to broadband, especially in rural areas. Limited providers and infrastructure are some noted barriers to broadband connectivity. However, one of the largest barriers to broadband access is cost—many households shared that they do not subscribe to the internet because it is too expensive. This is an important consideration for our health system as the Michigan Medicine social determinants of health screening found financial strain to be one of the top three concerns for our patients. If the resources provided by the Connected Care Pilot Program are used to serve these patients who cannot afford broadband, we anticipate that many patients would be better connected to their care. The Connected Care Pilot Program, especially when coupled with expected state investments in increasing broadband to Michigan residents, could have an enormous impact on healthcare delivery in our state.

The FCC's focus on increasing access to direct-to-consumer care through widespread broadband availability for the low-income population is much appreciated. However, we also urge the FCC to include transitional community telehealth kiosks as a part of this program to extend the impact of the funding. In rural areas with limited broadband, it may be challenging to extend the proposed \$5 million budget to include building infrastructure to enable provision of direct-to-consumer telehealth services to individual patients from their homes. By providing community telehealth kiosks in physical locations, such as local libraries or shopping centers, patients could utilize a centralized access point to benefit from remote access to primary and specialty care without the infrastructure build required to touch patients' homes.

We agree with the American Hospital Association ("AHA")'s recommendation that the Connected Care Pilot Program should be "administratively simple and [...] not otherwise impose unnecessary

barriers to participation” and that “applicants should be free to devise projects that they believe will achieve the program’s goals.” Each community is unique in its needs, and this would allow program participants to structure their pilots to best serve their respective patient populations. We also would like to stress that the pilot should invite proposals from all interested hospitals and health systems. Although facilities in areas with primarily low-income populations are invaluable in the services they provide to their communities, inclusion of larger health systems and academic medical centers in the applicant pool would benefit our understanding of how best to bring broadband services to low-income populations in a variety of communities, particularly so to include specialty care and/or urban populations. Diversity in pilot participants would ensure that the pilot would produce a variety of meaningful outcomes to be studied and to be used to determine how broadband access affects health outcomes.

The AHA’s recommendation for realistic, specific metrics for measuring program success is another objective for which we would like to express our shared support. By defining these metrics in advance, programs can provide a clear idea of the impact that they have had on improving health conditions of their patient populations. Measures can include patient adherence to care plans, care plan goals that are achieved over the course of the program, patient experience, and follow-up visits after discharge. Michigan Medicine also encourages the collection of utilization metrics throughout the program, including readmissions and ambulatory care-sensitive Emergency Department visits and inpatient admissions.

Michigan Medicine recognizes the importance of expanding care access for patients, and supports the aims of the Connected Care Pilot Program entirely. We commend the FCC for its commitment to improving access to healthcare by extending broadband, and we are happy to serve as a resource in any way moving forward.

Sincerely,

A handwritten signature in cursive script, appearing to read "Margie Andrae".

Margie Andrae, MD, FAAP  
Chief Medical Officer  
Revenue Cycle and Billing Compliance  
Michigan Medicine

References:

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Utilization Tracking Dashboard for Michigan Medicine Responsible Patients: Michigan  
Medicine Utilization Time Period: 07/01/2017 - 06/30/2018